

|  |  |                                 |  |
|--|--|---------------------------------|--|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>  |  | Docket Number (Optional)        |  |
| <b>FY 2008</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i> |  | 016325-013510US                 |  |
| Application Number 10/533,593  |  | Filed May 2, 2005               |  |
| For A PANCREATIC ISLET TRANSCRIPTION FACTOR AND USES THEREOF                                       |  |                                 |  |
| Art Unit 1637  |  | Examiner Stephanie Kane Mummert |  |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

|   | Fee    | Small Entity Fee |       |
|---|--------|------------------|-------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120  | \$60             | \$ 60 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))           | \$460  | \$230            | \$    |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))         | \$1050 | \$525            | \$    |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))          | \$1640 | \$820            | \$    |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))          | \$2230 | \$1115           | \$    |

☒ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430. I have enclosed a duplicate copy of this sheet.

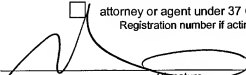
**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 47,651

☐ attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34 \_\_\_\_\_



\_\_\_\_\_  
Signature

Matthew E. Hinsch, Reg. No. 47,651  
Typed or printed name

January 11, 2008  
Date

415.576.0200  
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.